Case 14-44349 Doc 5 B22A (Official Form 22A)(Chapter 7)(04/13)		Entered 12/12/14 14:53:50 Desc Main
In re	Document	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
Case Number: Debtor(s) 344 9		 ☐ The presumption arises. ☐ The presumption does not arise. ☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statement if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part 1A, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts. Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component
10	of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
	Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on , which is less than 540 days before this bankruptcy case was filed; OR b. I am performing homeland defense activity for a period of at least 90 days /or/ I performed homeland defense activity for a period of at least 90 days, terminating on , which is less than 540 days before this bankruptcy case was filed.

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		Part II. CALCULATION OF MO	NTHLY INCO	ME FOR § 70	7(b)(7) EXCLUSIO)N
2	 Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. ∑ Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. b. ☐ Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-11. c. ☐ Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B (Spouse's Income") for Lines 3-11. d. ☐ Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. 						
	the si	gures must reflect average monthly income in x calendar months prior to filing the bankruly h before the filing. If the amount of monthly divide the six-month total by six, and enter to	ptcy case, ending of income varied du	on the last day of t ring the six month	he	Column A Debtor's Income	Column B Spouse's Income
3		s wages, salary, tips, bonuses, overtime, com		ppropriate line.	****		
4	and e one b attack	me from the operation of a business, profession that the difference in the appropriate column business, profession or farm, enter aggregate ment. Do not enter a number less than zero, uses entered on Line b as a deduction in Part	n(s) of Line 4. If y numbers and prov Do not include an	ou operate more the details on an	nan		
	a.	Gross receipts					
	b.	Ordinary and necessary business expenses					
	c.	Business income	Subtract Line b f				
5	in the	and other real property income. Subtract Lir e appropriate column(s) of Line 5. Do not en de any part of the operating expenses entered	ter a number less t	than zero. Do not	ence		
	a.	Gross receipts					
	b.	Ordinary and necessary operating		PARTIES AND PROCESS AND ADDRESS AND ADDRES			
	c.	Rent and other real property income	Subtract Line b f	rom Line a			
6	Intere	ests, dividends, and royalties.					
7	Pension and retirement income.						
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.						
9	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:						
		nployment compensation claimed to benefit under the Social Security Act	Debtor	Spouse			

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10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.				
	a. FAMILY SUPPORT				
	Total and enter on Line 10				
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s). 1,000.00				
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A. 1,000.00				
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION				
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.				
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court. a. Enter the debtor's state of residence: Illinois b. Enter debtor's household size: 1 47,536.00				
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.				

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)				
16	Enter the amount from Line 12.				
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.				
	a.				
	b.				
	Total and enter on Line 17.				
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.				
	Part V. CALCULATION OF DEDUCTIONS FROM INCOME				
	Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)				
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				

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19B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.						
	Persons under 65 years of age	Pers	sons 65 years	of age or older			
	a1. Allowance per person	a1.	Allowance		***************************************		
	b1. Number of persons	b1.	Number of	persons			
	c1. Subtotal	c1.	Subtotal				
20A	Local Standards: housing and utilities; no Utilities Standards; non-mortgage expense available at www.usdoj.gov/ust/ or from the consists of the number that would current plus the number of any additional dependent.	es for the applicat ne clerk of the bar y be allowed as e	ole county an nkruptcy cou exemptions or	d family size. (This rt). The applicable	s information family size	1 is	
20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court)(the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.						
	a. IRS Housing and Utilities Standardb. Average Monthly Payment for any of if any, as stated in Line 42						
	c. Net mortgage/rental expense			Subtract Line b fr	om Line a		
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis						
	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.						
22A	Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.						
	If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.						
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an						

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	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)					
	☐ 1 ☐ 2 or more.					
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.					
	a.	IRS Transportation Standards, Ownership Costs				
	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42				
	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a			
		Standards: transportation ownership/lease expense; Vehicle ted the "2 or more" Box in Line 23.	2. Complete this Line only if you			
24	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the					
	a.	IRS Transportation Standards, Ownership Costs				
	b.	Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42				
	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a			
	<u> </u>					
25	Other Necessary Expenses; taxes. Enter the total average monthly expenses that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes social security taxes, and Medicare taxes. Do not include real estate or sales taxes.					
26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.					
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.					
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to court order, such as spousal or child support payments. Do not include payments on past due support obligations included in Line 44.					
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.					
30	Other Necessary Expenses: childcare. Enter the average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.					
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care expenses that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.					
32	actual such a	Necessary Expenses: telecommunication services. Enter the lly pay for telecommunication services other than your basic as pagers, call waiting, caller id, special long distance, or into our health and welfare or that of your dependents. Do not inc	home telephone and cell phone servernet service - to the extent necesssar	ice - ry		
33	Total	Expenses Allowed under IRS Standards. Enter the total of L	ines 19 through 32.			

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		Subpart B: Additional Expe Note: Do not include any expense	The state of the s			
	Health Insurance, Disability Insurance and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.					
	a.	Health Insurance				
	b.	Disability Insurance				
34	c.	Health Savings Account				
	If you	and enter on Line 34 I do not actually expend this total amount, state your below:	actual total average monthly exp	enditures in the		
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.					
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.					
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.					
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.					
39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).					
41	Total	Additional Expense Deductions under § 707(b). Ente	r the total of Lines 34 through 40			

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	Subpart C: Deductions for Debt Payment						
	you of Monte	re payments of secured claims. It is the name of the credito hly Payment, and check whether that of all amounts scheduled as wing the filing of the bankruptcy ate page. Enter the total of the	r, identify the property securi or the payment includes taxes contractually due to each Sec y case, divided by 60. If nece	ng the debt, and or insurance. The cured Creditor in ssary, list addition	state the Averag ne Average Mont n the 60 months	e	
42	a. b. c.	Name of Creditor	Property Securing the Debt	Average Monthly Payment Total: Add Lines a, b and	yes n	0 0 0	
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession of foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.						
45		Name of Creditor	Property Securing the Debt	1/60th of th	e Cure Amount		
	a.						
	b. c.		And the same of th				
	<u> </u>			Total: Add	Lines a, b, and c		
	L	3-37	I				
44	as pri	ents on prepetition priority clai ority tax, child support and alin . Do not include current obligat	nony claims, for which you w	ere liable at the			
	Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.						
45	a.	Projected average monthly Ch	apter 13 plan payment.				
	b.	Current multiplier for your dis sched-rules issued by the Exec (This information is available from the clerk of the bankrupte	cutive Office for US Trustees. at www.usdoj.gov/ust/ or				
	c.	Average monthly administrative case	ve expense of Chapter 13	Total: Multiply a and b	Lines		
46	Total	Deductions for Debt Payment.	Enter the total of Lines 42 th	rough 45.			
		Su	bpart D: Total Deduction	ns from Incon	ne	en e	
47	Total	of all deductions allowed under	r 8 707(b)(2) Enter the total	oflines 33 41	and 46		

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	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION					
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))					
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))					
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result. 0.00					
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.					
	Initial presumption determination. Check the applicable box and proceed as directed. The amount on Line 51 is less than \$7,475. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.					
52	The amount set forth on Line 51 is more than \$12,475. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.					
	The amount on Line 51 is at least \$7,475, but not more than \$12,475. Complete the remainder of Part VI (Lines 53 through 55).					
53	Enter the amount of your total non-priority unsecured debt					
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.					
55	Secondary presumption determination. Check the applicable box and proceed as directed. The amount on Line 51 is less than the amount on Line 54. Check the ox for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.					
	The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.					
	Part VII: ADDITIONAL EXPENSE CLAIMS					
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.					
	Expense Description Monthly Amount	_				
	a					
	b.					
	C.					
	Total: Add Lines a, b, and c					

			Part VIII: VERIFICATION
57	I declar	e under penalty of perjury btors must sign.)	that the information provided in this statement is true and correct. (If this is a joint case,
,,	1	11/20/2014	Signature: AMM CA
	Date:	11/20/2014	Signature: UV